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GOOD&HEALTHY SOUTH DAKOTA COMMUNITIES

Health Homes

Friday, December 12, 2014

Presentation Objectives

Participants will be able to:

1. *Recognize the difference between CDSMP and traditional disease management*
2. *Identify BCBH as a chronic disease self-management tool available statewide*
3. *Value the alignment of BCBH within Health Homes approach*

What is Chronic Disease Self-Management (CDSMP)?

CDSMP is designed to help individuals with chronic conditions gain self-confidence in their ability to control their symptoms, understand how their health problems affect their lives, and provide motivation to manage the challenges of living with a chronic health condition.

- Small-group (10-16), highly interactive workshops
- 6 weeks long, meeting once a week for 2 ½ hours
- Curriculum scripted
- Not disease specific
- Focus on building skills by sharing experiences and providing mutual support

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CDSMP~ Proof that it works

- Developed by Stanford University *(implemented in early 1990's)*
- Well-established, evidence-based, rigorously reviewed
  - *20 years of data collection*
  - *National Institutes of Health and the CDC*
- Supported by National Council on Aging (NCOA)
- 27 countries and 50 states
- 3 year study of 1000 participants
  - Documented improvement- *exercise compliance, symptom management, communication skills, and self-reported overall health*

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Who Can Benefit?

Adults with a chronic condition that have a desire to learn coping skills to manage their health and lives.

- *Arthritis*
- *Cancer*
- *Chronic pain*
- *Fatigue*
- *High blood pressure*
- *Stroke*
- *Sleep issues*
- ***Heart disease***
- ***Diabetes***
- ***Emotional or mental conditions***
- ***Breathing problems***
- ***Weight concerns***

- **Workshops are not disease specific**
- **Any chronic condition(s) that affects participant's health and lifestyle…**

Disease Management Focus

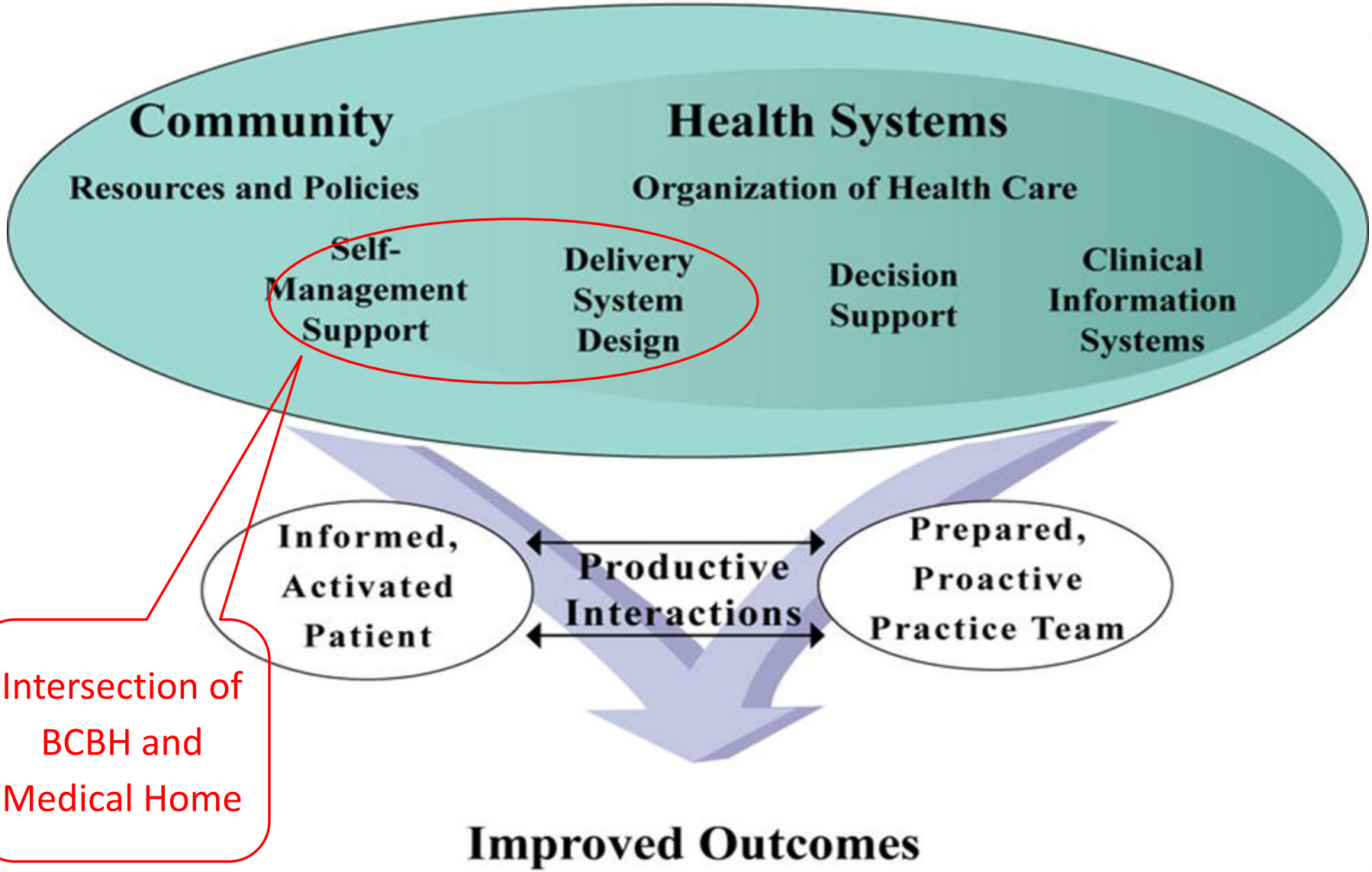
Disease specific—step one, step two, etc.

- Requires knowledge of disease, may involve some technical learning (i.e., proper use of inhaler, checking blood sugar, etc.)
- Taught by professionals

General or everyday self-management (not disease specific)

- % of patient self-management is done by the patient themselves at home or in the community
- Self efficacy
- Personal journey
- Enhances, doesn't replace other pt ed; holistic

The Chronic Care Model



Intersection of BCBH and Medical Home

Outcomes

One year after baseline measures, CDSMP participants had:

1. Significant improvements in energy, health status, social and role activities and self-efficacy
2. Less fatigue or health distress
3. Fewer visits to the emergency room
4. No decline in activity or role functions, even through their was a slight increase in disability after 1 year

Outcomes

Two years after baseline measures, CDSMP participants had:

1. No increase in disability
2. Reduced health distress
3. Fewer visits to physicians and emergency rooms
4. Increased self-efficacy

Research Shows…

Based on a review of major published studies, CDSMP results in significant, measurable improvements in the health and quality of life of people with chronic conditions.

CDSMP & Health Benefits

- Improvement in exercise /ability to participate in one's own care over a 2 year period

- Improved health status in seven of nine variables:
  - *fatigue, shortness of breath, pain, social activity limitation, illness intrusiveness, depression, and health distress*

- Improved health behaviors in variables related to:
  - *cognitive symptom management, communication with physicians, exercise, and self-efficacy*

Research shows…

CDSMP & Lower Health Care Costs

The traditional medical model of caring for people with chronic conditions—which focuses more on the illness than on the patient—is expensive and often ineffective.

Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health dollars are spent on public efforts to improve overall health.

http://www.ncoa.org/press-room/fact-sheets/chronic-disease.html

- Reductions in hospitalizations and ER visits ($740 per person savings in ER and hospital utilization)
- Reaching even 10% of Americans with one or more chronic conditions would save $4.2 billion
- Many of these results persist for as long as three years

Whitelaw, N., Lorig, K., Smith, M. L., & Ory, M. G. (March 19, 2013). *National Study of Chronic Disease Self-Management Programs (CDSMP). Retrieved March 20, 2013, from www.ncoa.org/cha*

CDSMP Facilitates Triple Aim Goals

A recent (2012) national randomized study shows that participants in CDSMP workshops experienced improvements in the following triple aim goals: improving the health of populations; improving the individual experience of care; and reducing the per capita costs of care for populations.

Better Health

- ✓ Active lives: 41% improvement in time spent engaged in moderate physical activity.
- ✓ Less depression: 21% improvement in depression.
- ✓ Fewer sick days: 15% improvement in unhealthy physical days and 12% improvement in unhealthy mental days.
- ✓ Better quality of life: 6% improvement on health-related quality of life.
- ✓ Feel healthier: 5% improvement in self-reported health.
- ✓ Improved symptom management in 5 indicators:
  - sleep problems (16%)
  - shortness of breath (14%)
  - pain (11%)
  - fatigue (10%)
  - stress (5%)

Better Care

- ✓ Medication compliance: 12% improvement in medication compliance.
- ✓ Communication: 9% improvement in communication with doctors.
- ✓ Health literacy: 4% improvement in confidence filling out medical forms.

Lower Health Care Cost

- ✓ 32% reduction in emergency room visits.
- ✓ $740 per person saving in emergency room visits and hospital utilization.
- ✓ Potential saving of $4.2 billion by reaching 10% of Americans with one or more chronic conditions.

References

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- U.S. Administration for Community Living. 2012 Prevention and Public Health Funds: Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs. Retrieved October 2013 from http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/PPHF.aspx
- Institute for Healthcare Improvement. IHI Triple Aim Initiative. Retrieved July, 2013 from http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx .
- Whitelaw, N., Lorig, K., Smith, M. L., & Ory, M. G. (March 19, 2013). National Study of Chronic Disease Self-Management Programs (CDSMP). Retrieved July, 2013 from http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/CDSMP_Grantee_Webinar_03_19_2013_ALL_FINAL.pdf

Role of CDSMP in Patient-Centered Health Homes

National Committee for Quality Assurance (NCQA) Recognition Standards reinforce the critical role of patient self-management and practice self-management support

Referring patients to CDSMP workshops offered in the community will help qualify medical practices to meet the following activities:

- Provides or connects patients/families to self-management support programs
- Provides or connects patients/families to classes taught by qualified instructors
- Provides or connects patients/families to other self-management resources where needed

Benefits of Self-Management Programs in Health Care

- ***Connects*** external resource to medical practices to enhance medical treatment, e.g., improve clinical outcomes and decrease utilization
- ***Empowers*** patients to increase control of their health
- ***Promotes collaboration*** and continuity of care among providers, community/organizations, individuals, caregivers
- ***Ensures quality*** by maintaining fidelity to the program
- ***Reinforces communication*** "feedback loop"
- ***Documents*** disease education/self-management in PCMH terms

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Better Choices, Better Health® *South Dakota*

Statewide CDSMP Program

Launched May 2014

Better Choices, Better Health Infrastructure

SD Department of Health

- *Statewide Consortium*, *Steering Committee,* and *Workgroups*
- Guiding implementation

SDSU Extension Partnership

- Stanford University license holder (one for SD)
- Registration center for trainings, workshops, and data collection, and evaluation

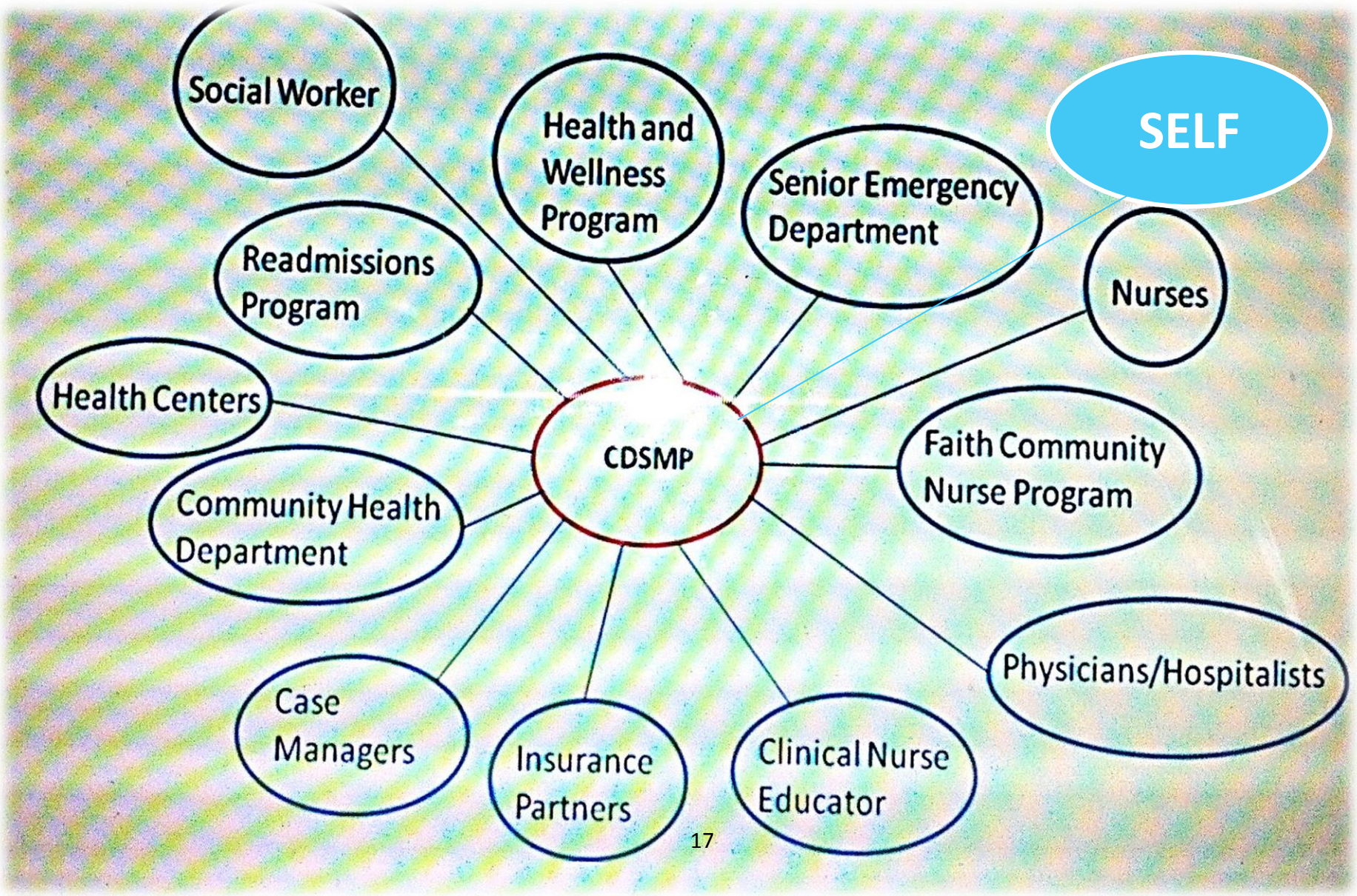
DSS – Office of Aging

- Funding support

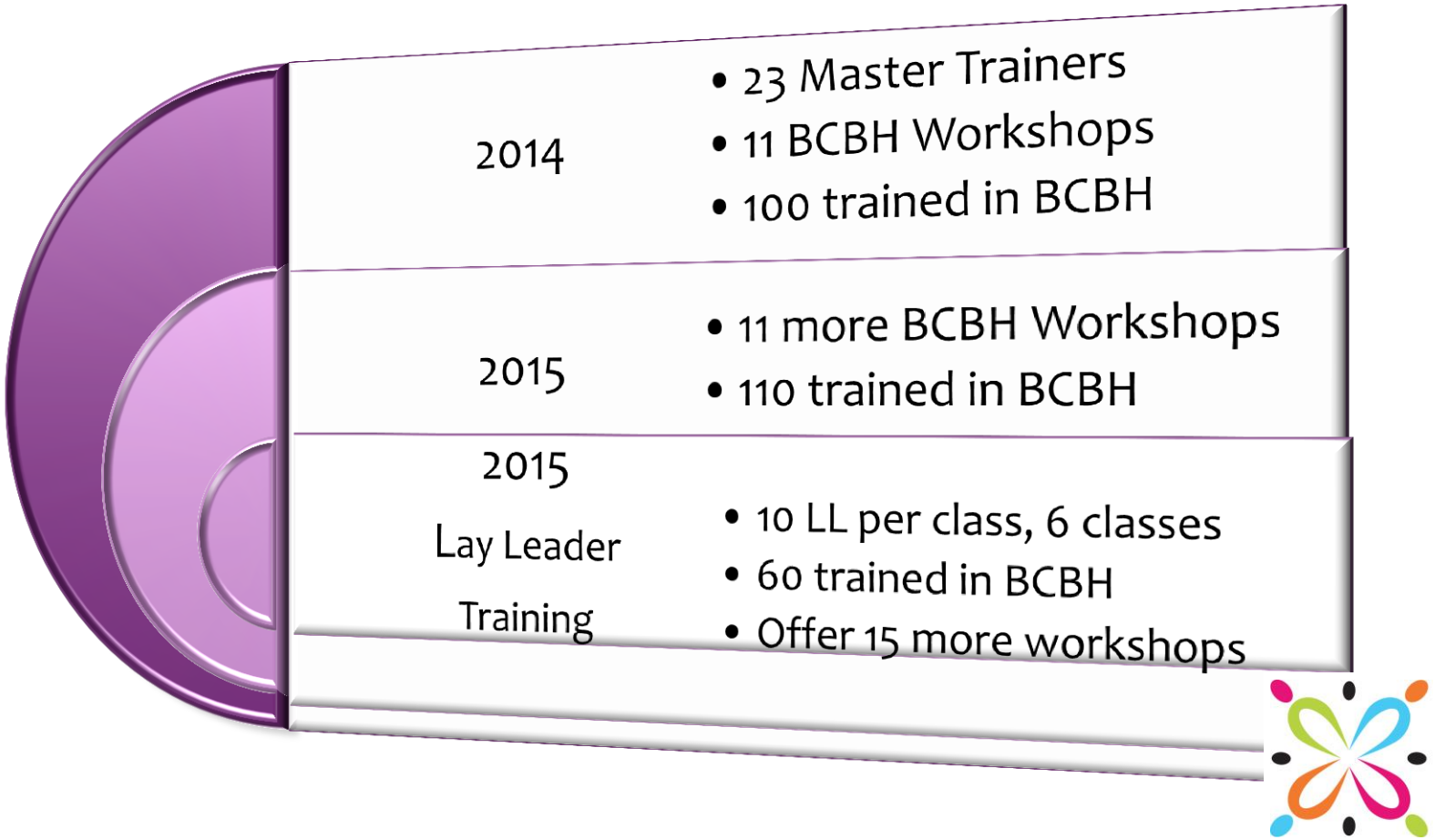
Regional Establishment

- Western, Central, South-Eastern, North-Eastern

Sponsors & Referral Sources for BCBH



Goal & Implementation Plan



By December 2015… 400+ persons in SD trained in BCBH

BCBH Workshops

Region	Workshop Location
Aberdeen	*Primrose Pub*
Huron	*Senior Center Board Room*
Sisseton	*GROW SD Office*
Rapid City	*Canyon Lake Senior Center*
	YMCA of Rapid City
	RCRH Hospice House
Custer	*Custer Senior Center*
Sioux Falls	*Center for Active Generations*
	Tower of David Apartments
	First Methodist Church
Pierre	*Community Bible Church*

*Any organization or facility can be a host site for a BCBH workshop **

What Participants Are Saying…

- "The class has been a remarkable resource for anyone dealing with chronic health problems."
- **"It was such an awakening experience."**
- "Now, I'm always going to have the attitude of 'I think I can, I think I can, I think I can."
- **"I am so grateful a program like this is in Aberdeen. How wonderful!"**
- "It was great to see other people dealing with the same issues as I am. It makes you realize you're not alone."
- **"I decided to buy this book for 4 of my children for Christmas. It has been so useful to me, I can't imagine how great it'll be for them."**
- "I would recommend this program to anyone, regardless of their age."
- **"There are more things that I can do to help myself that I previously thought."**

Program Evaluation

BCBH survey questionnaire
Developed and validated by Stanford University
Pre-survey and post-survey (3)

The ***goal*** of the post workshop surveys:

- Evaluate sustainment of symptom management and physical activity levels
- Evaluate self-efficacy
- Look at rates of healthcare utilization

Lay Leader Training 2015

- Facilitated by *Certified Master Trainers*
- Locations
- Requirements
- Registration process
- Recruitment
- Costs
- Benefits

Thank You!!!

Presenters

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Better Choices, Better Health Web Site
http://goodandhealthysd.org/communities/betterchoicesbetterhealth/

Stanford University Web Site
http://patienteducation.stanford.edu/programs/cdsmp.html

Questions? Ideas? Thoughts?